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maintenance fee notification	ons.		7 7 7 0					- 6 0 -
CURRENT CORRESPONDENCE ADDRESS (Note: Uso Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fe(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
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SCHWABE, W. 1420 FIFTH, SUI SEATTLE, WA 9	I ho Stat add tran	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted but USPTO (571) 273-2885, on the date indicated below.						
		Δ	Allyson Dahmen (Depositor's name				's same)	
			/Allyson Dahmen/			(Signature)		
			September 28, 2010			(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
09/975,287 10/10/2001		Jonathan O. Nelson		120083-129558		1098		
TITLE OF INVENTION:	WIRELESS MOBILE	PHONE HAVING ENCO	DDED DATA ENTRY FA	CILITIES				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	- 1
nonprovisional	YES	\$755	\$300	\$0		\$1055	10/12/2010	,
EXAMINER		ART UNIT	CLASS-SUBCLASS	1				
CASCA, FRED A		2617	455-566000	,				
CFR 1:363). Change of corresponddress form PTO/SB/ Fee Address' indic PTO/SB/37, Rev 03-02 Number is required. ASSIGNEE NAME AN PLEASE NOTE: Unler recordation as set forth (A) NAME OF ASSIG	ation (or "Fee Address" or more recent) attach D RESIDENCE DATA ses an assigned is identi in 37 CFR 3.11. Comp	Indication form ed. Use of a Customer TO BE PRINTED ON	data will appear on the p T a substitute for filing an (B) RESIDENCE: (CIT)	vely, le firm (having as a agent) and the nam meys or agents. If printed. pe) satent. If an assign assignment.	membe es of up no name	ra 2to to sis 3	ocument has been fi	iled for
Please check the appropria		_		orporatio	n or other private gre	oup entity Gover	rnment	
			(b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any orepaymont, to Deposit Account Number 50,0393 (enclose an extra copy of this form).					
 Change in Entity State a. Applicant claims 	SMALL ENTITY statu	s. Sce 37 CFR 1.27.	☐ b. Applicant is no lor	ger claiming SMA	LL ENT	ITY status. See 37 Cl	FR 1.27(g)(2).	
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if requested Sta	ired) will not be accepte	d from anyone other than	the applicant; a reg	istered at	ttorney or agent; or th	ie assignee or other p	party in
Authorized Signature						r 28, 2010		
Typed or printed name. Io Ann Schmidt				Registration N	to6	2,255		
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